



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

229752000600

In re Application of Alan G. BAXTER

Application Number

09/308,192

Filed

May 12, 1999

For: MYCOBACTERIUM CELL WALL COMPOSITION

Art Unit

1645

Examiner

S. Devi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|--|----|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 45,640

March 16, 2004

Date

(703) 760-7769

Telephone Number

Signature

Jonathan Bockman

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.